



POST OFFICE TO ADDRESSEE

EK287384845US

JC525 U.S. PTO
09/631722
08/03/00

POSTAL USE ONLY

Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
very weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Signature of Addressee or Agent		
X		
Name - Please Print		
X		

CUSTOMER USE ONLY

Method of Payment:

Mail Corporate Acct. No.

Agency Acct. No. or Service Acct. No.

☐ **WAIVER OF SIGNATURE (Domestic Only)** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature

FROM: (PLEASE PRINT)

PHONE 512,823-1010

IBM Corporation
Intellectual Property Law
11400 BURNET Rd. 4054
AUSTIN TX 78758

TO: (PLEASE PRINT)

PHONE

Box Patent Application
Assistant Commissioner
OF PATENTS
Washington, D.C. 20231-0001

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